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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM | Application Number | |
| | Filing Date | |
| | First Named Inventor | KOROBKOV, Dimitri |
| | Title | ENCRYPTION METHOD |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | 59375.00017 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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30256

☐ Practitioner(s) named below:

| Name | Registration Number |
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

September 8, 2006

Name

KOROBKOV, Dimitri

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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